Approved 02-24-05

INTERAGENCY COORDINATING COUNCIL
COMMITTEE MEETING MINUTES

COMMITTEE:	**Integrated Services and Health Systems (ISH)**
DATE:	November 18, 2004
CHAIRPERSONS: **DDS LIAISON:** **CDE LIAISON:**	Arleen Downing and Gretchen Hester Ken Freedlander, Eileen McCauley and Sam Yang Nancy Sager
MEMBERS PRESENT:	Sylvia Carlisle, Arleen Downing, Gretchen Hester, Sandy Harvey, Peter Michael Miller, Nancy Sager, Luis Zanartu, Hallie Morrow, Kat Lowrence, Ed Gold, Ken Freedlander and Sam Yang
MEMBERS ABSENT:	Toni Gonzalez, Robin Milar, Mara McGrath, Eileen McCauley, Dwight Lee, Ivette Pena and Jean Brunelli
GUESTS:	Nancy Eddy, Parents Helping Parents FRC and Felice Parisi, Golden Gate Regional Center
STAFF/RECORDER:	Pete Guerrero

SUMMARY OF IMPORTANT POINTS AND ACTIONS CONSIDERED:

1. INTRODUCTIONS: All members present introduced themselves and their affiliations.

2. AGENDA REVIEW: Agenda was reviewed. No additions or deletions.

3. REVIEW AND APPROVAL OF MINUTES AND WORKPLANS: Approved with two minor corrections in spelling and section headings. These changes will be reflected in the version posted on the DDS website.

4. CHAIRS REPORT: Information was shared from this morning's Executive Committee meeting including: Committee reporting format to the Full ICC, Presentations to the full ICC for future ICC dates, and officially welcoming Kat Lowrence to the ICC. The group was asked to review the draft of the ICC Annual Report for FY 00-01 and 02-03 and provide input to the information being submitted about the activities of the ISH committee. Committee members were also informed that a methodology for nomination of parents for the National Part C Parent award. More on this was will be forthcoming at the Full ICC meeting on the 19th.

   The work of the committee from September and activities of the workgroups since the September meeting were reviewed. The workgroup discussing IFSP met by

telephone on November 11th and suggested three new recommendations. Specifically, they are: Revise the pamphlet entitled "Role of the Health Care Provider" to include health care providers important role in the actual development of the IFSP; Review Early Start Publications and make recommendations related to information strengthening the role of the health care provider in the direct development of the IFSP, and that DDS should include information on their website and in the Service Coordinator's Handbook about the important role of the health care professional in the development of the IFSP.

Ken Freedlander, Arleen Downing and Peter Guerrero teleconferenced on the 15th and examined the information developed by the workgroups. Eleven areas of concentration were identified as potential recommendations. A Recommendation Development Worksheet (developed by the QSDS committee), which complements the reporting format presented at this morning's Executive Committee meeting, was selected as a method to document activities toward finalizing recommendations to the department. Each area of concentration was inserted into the worksheets and will guide workgroups in their work and provide an efficient method for updating the Full ICC on their progress.

5. COMMITTEE TASKS:

Ken Freedlander assisted the committee in appreciating the complexity of documenting interagency collaboration through interagency agreements and memoranda of understanding. Although few areas have implemented agreements with local entities, and most have agreements instigated by Early Head Start programs, the requirement is not in regulation as are agreements between LEAs and Regional Centers and between the lead agency (DDS) and state-level partners. Although supporting legislation to require such documents is a viable approach and may constitute a recommendation to the department, it is a very long-term process. There may be other approaches to accomplish the objective of improving interagency activities such as documenting existing practices and collaborative habits in an effort to identify exemplary models that support increased numbers of referrals and early identification. Much discussion ensued regarding the value of interagency agreements and alternative approaches to ensuring better collaboration at the local level which may be correlated to referral rates and percent served at some point in the future. He also shared the implications of referral data from the implementation agencies that is not identifying actual sources of referrals.

6. WORK GROUPS

Workgroups received worksheets documenting their recommendation areas and re-convened to continue their work at 2:50 PM. The full committee reconvened at 4:00 PM.

Discussion continued addressing two major themes apparent in the committee's desire to obtain locally developed Interagency Agreements and/or Memoranda of Understanding to assess any correlation with referral rates and increased collaboration, and a mechanism

to require and monitor locally developed interagency agreements/MOUs addressing key elements (similar to the 16 elements required in agreements mandated in regulation).

IA/MOUs are not mandated at the local level although a few regional centers have reported developing such agreements with different entities that may be impacting referral rates and early entry. Early Head Start has successfully entered into IAs with most early start implementation agencies due to a requirement from within the EHS system.

There appears to be no way at this time to determine correlation statewide because IA/MOUs at the local level are not mandated except for those between RCs and LEAs.

There is no committee consensus at this time that this strategy would yield sufficient information to allow the department to determine such correlation or whether any inducement not based in regulation would have any local effect. Rather, effective interagency practices should be identified and collaborative habits should be emphasized rather than relying on the existence of any formal document.

Recommendation: That the department inform RCs that documentation of interagency collaboration activities are to be provided and will be collected at Site Monitoring Visits during focus groups with staff and with parents. Particular emphasis will be on:

- collaboration with the health community and PHCPs ,
- event specific documentation (meetings, training, health fairs),
- dissemination of materials/products,
- advertisements,
- lists of collaborating partners, and
- locally developed IA/MOUs and evidence of formalized liaison relationships with community partners (Health Department/CCS, Mental Health, Drug & Alcohol Programs, Social Services, Medi-Cal and Managed Care agencies).

Analysis of these materials may identify the most important collaborators, effective collaboration models (including the existence of LICA-like local interagency councils), effective child-find and outreach strategies, and some method of establishing correlation to referral rates and early identification to type and quantity of collaborative efforts.

In addition the department is strongly encouraged to emphasize the inclusion of the health community, especially the primary health care provider (PHCP), in collaboration efforts and service planning. Identifying current RC/LEA interactions with PHCP can lead to developing best practice recommendations for enhancing PHCP involvement.

It may be useful to look at other state and federal experiences related to local interagency activities and involvement of the PHCP.

Recommendation Area: In order to ensure that each IFSP adequately addresses health status issues, the department should pursue, through the established regulatory process, adopting language to require that each element identified under the current definition of

health status be addressed during the evaluation of and health status review for each Early Start eligible infant and toddler.

and to require implementation agencies to ensure that qualified professionals are available to review health status information and assist in service planning and implementation.

The financial impact of such a change in statutory language on the system is unknown. However the current permissive language encourages inconsistent assessment practices and negatively affects the quality and effectiveness of the health status review and, therefore, service planning and implementation.

Members agree on the importance of a comprehensive health status review to support effective service planning and implementation. There is also consensus that this strategy will not accomplish needed changes in practice in the short term.

The members also discussed the importance of "cleaning up" referral data and developed a recommendation more appropriately listed under priority area Early Entry.

Recommendation Area: In order to identify actual referral rates from all possible sources and implement outreach strategies to sources under referring, standardize intake procedures to assure that "source of referral" is documented accurately on ES reporting forms or CASMIS. For example it may be more beneficial to inquire of parents calling how or where they heard about Early Start, the regional center or LEA for services for their infant or toddler. It may also be helpful to include a checklist of all referral sources identified through monitoring visits on referral/intake forms.

Implementing this kind of procedure will result in a reduction in the numbers of referrals listing "Parent" as the referral source and cleaner referral data for OSEP and other annual reporting. Cost to the system will include training at the local level of intake workers or development of an Intake Instruction Manual. Committee consensus is assured.

Recommendation Area: In order to increase the involvement of the health care professional in service planning and implementation the department will provide training to the health care community to include:

- early child development, eligibility criteria,
- evaluation and assessment
- multidisciplinary service planning,
- coordinated and integrated services,
- the role of the service coordinator,
- how medical information is to be used, etc. Eligibility
- services
- service planning
- coordinating payment for services
- sharing of information and how it is used
- use of generic resources/Payment Options

Enhance service coordinator training to address:
- the role of the health care professional in service planning,
- interacting with the primary health care provider,
- strategies for increasing collaboration and participation in service planning,
- developing health related outcomes, and follow-up,
- methods for clarifying information in medical reports for service planning
- ramifications of non-participation of the health professional in service planning
- health status assessment

Currently the department has a system for personnel development through Core Institutes, Service Coordinator Institutes and other events. Issues described above could be infused into current CSPD activities.

Recommendation Area: Initiate a review all early start publications and make recommendations where appropriate related to strengthening the role of the health care professional in the development of the IFSP. For example, revise pamphlet entitled "The Role Of The Health Care Provider" to include health care providers important role in the actual development of the IFSP. In addition information should be provided on the DDS website and in Early Start Service Coordinator's Handbook about the important role of the health care professional in development of the IFSP.

Publications are routinely updated to reflect best practice and costs are included in yearly budgets. This should not present a cost impact to the system.

Recommendation Area: To assure that the health professional is systematically included in service planning the QSDS committee is asked to urge the department to use the State Monitoring Visit (SMV) process to collect documentation about:
- Noticing the PHCP about the IFSP meeting
- Participation of PHCP and other medical specialists in the IFSP process
- Identification of the PHCP on all IFSPs
- Designation of a Medical Home on all IFSPs
- Dissemination of the IFSP to the PHCP
- Involvement of qualified personnel in the development of the health status statement on the IFSP
- Sharing the IFSP with all participants and the PHCP
- Including a one-page PHCP feedback form to be faxed back by PHCPs to be filed with the IFSP.

Members agree on the importance of documenting the participation of the PHCP in service planning. The SMV process is in place. This would require that additions be made to current monitoring tools.

An area still to be discussed is instituting mechanisms for parents to understand IFSP and content.

OTHER: There was no additional discussion.
ADJOURNMENT: The committee adjourned at 5:30 PM.